## <u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in JC 5-2-15-3.

Date:	<u>10/16/2010</u>	Address:	Tower Ridge Rd
Case #:	<u>33-30537</u>		Bloomington, IN
County:	Mouroe		
Type of Laboratory Seizure (check one) Scizure Location (check all that apply)			heck all that apply)
= '	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Open			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location): PSE blister packs, Open			
Child under age 18 discovered (check one)  Yes (number present)  No *If yes, fax report to Child Protective Services		<ul> <li>Investigative Information</li> <li>☐ Ephedrine/Pseudocphedrine Tracking Log</li> <li>☐ Retail/Merchant Tip</li> <li>☐ Other: Law enforcment</li> </ul>	
This report is to be faxed to the following agencies that serve the location:			
Fire Department: Bloomington Fire Dept  Health Department: Monroe County Health  Child Protection Service:		Fax: <u>Hand Delivered</u> Fax: <u>812-339-6481</u> Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jon L. Patrick</u> Phone <u>812-332-4411</u>			
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- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.